



National
Aeronautics and
Space
Administration



Position Change Action Worksheet

NAME

POSITION TITLE, SERIES AND GRADE

QUALIFICATION STANDARD USED

QUALIFICATION DETERMINATION

DESCRIPTION		GENERAL		SPECIAL		EDUCATION	
REQUIRED 		__ YRS	__ MOS	__ YRS	__ MOS	__ YRS	__ MOS
ACTUAL EXPERIENCE							
TOTAL 							

REMARKS

WITHIN AREA OF CONSIDERATION _____

TIME-IN-GRADE (*To/From Dates*) _____

LOWEST ACCEPTABLE GRADE _____

VETERAN'S ELIGIBILITY PREFERENCE _____

ICTAP ELIGIBLE _____

ELIGIBILITY FOR POSITION _____

SIGNATURE OF PERSONNEL MANAGEMENT SPECIALIST

DATE